



**CalPERS**  
**Community**  
**Property/Support**  
**Payee Death**



*Beneficiary Information  
& Claim Forms*

*California  
Public Employees'  
Retirement System*

## Introduction

This booklet was designed to assist you in determining what benefits may be payable due to the death of a CalPERS annuitant and who is most likely the beneficiary.

Included is important information regarding beneficiary determination and the benefits payable. In addition, there is a claim form and a tax withholding election document which must be completed and submitted by the beneficiary.

If after reading this information you feel you are the entitled beneficiary, please accurately and completely fill out the enclosed documents.

Should you have questions that have not been answered in this booklet or you need clarification on any information CalPERS has provided, you may call (916) 326-3848, (800) 352-2238; or (916) 326-3240 Telecommunication Device for the Deaf, for assistance.

Please remember the statements in this booklet are general. The retirement law is complex and subject to change. Should there be a conflict between information provided in this booklet and the law, any decisions will be based on the Public Employees' Retirement Law and not this booklet.



## Benefit Information and Beneficiary Determination Process

### Annuitant's Prorated Allowance

A CalPERS annuitant's monthly benefit stops on the date of death. Payment will be made or prorated for the number of days the annuitant lived during the month.

An annuitant's benefit, paid on the first of each month, can include two types of payments. These payments include the regular monthly benefit, which is payment of the preceding month. The benefit may also include a Purchasing Power Protection Allowance (PPPA) which is paid ahead of time for the coming month. The PPPA is **not** included in the amount used to calculate the prorated allowance.

#### Example of Prorated Allowance:

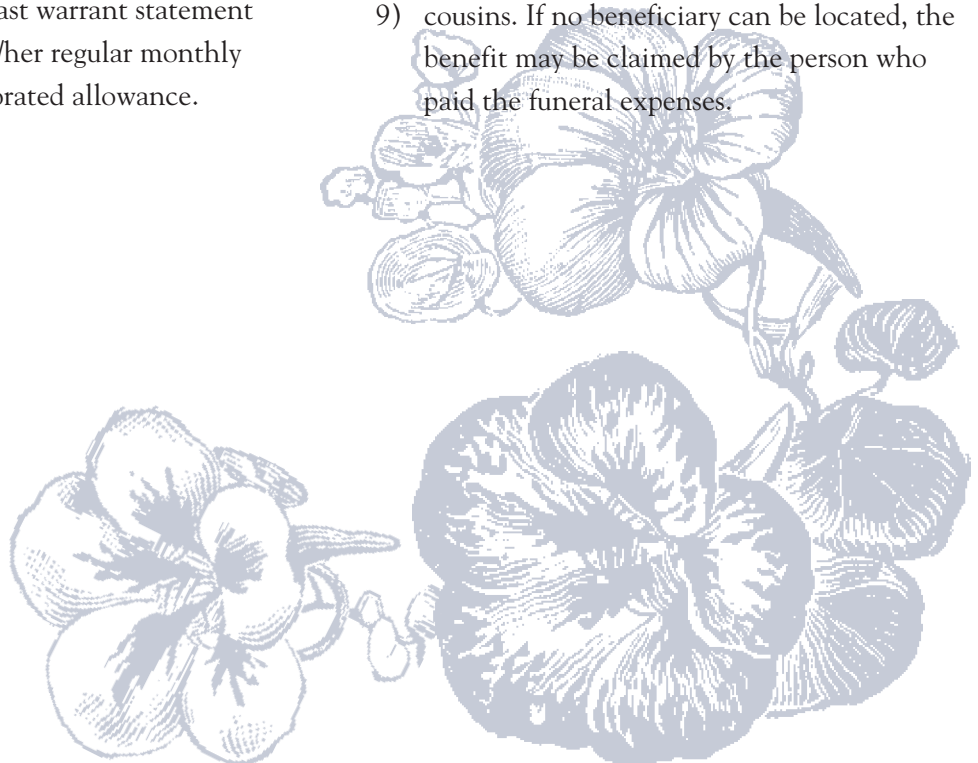
Date of Death	Prorated Allowance
October 25	25/31 of the <b>regular monthly benefit</b> payable on November 1

Please refer to the annuitant's last warrant statement to determine the amount of his/her regular monthly benefit used to compute the prorated allowance.

### Who Will Receive This Prorated Allowance

The benefit is payable to the **probated** estate of the deceased. If the estate will **not** require probate, but the deceased person had a trust, the benefit is payable to the trust. If there is no probated estate and no trust, under retirement law, the prorated allowance is then payable, as follows:

- 1) the spouse; or if none,
- 2) children; or if none,
- 3) parents; or if none,
- 4) brothers and/or sisters; or if none,
- 5) stepchildren; or if none,
- 6) grandchildren, including step-grandchildren; or if none,
- 7) nieces and/or nephews; or if none,
- 8) great grandchildren; or if none,
- 9) cousins. If no beneficiary can be located, the benefit may be claimed by the person who paid the funeral expenses.



## Claiming The Benefits

### Instructions for Completing the Claims Forms

The Claimant Statement/Survivor Questionnaire should be completed by the person most likely to be entitled to the prorated allowance. If the deceased's estate requires probate, or there is a trust, or he/she has a surviving spouse or children you only have to complete Section I (Pages 3 and 4) of the claim form. However, if the estate does not require probate and there are no surviving spouse or children, you must complete Section I and II (Pages 3- 6). When completing Section II, once a "yes" answer has been given for a group of survivors and you've listed them on the back of Section II, it is not necessary to list the survivors in any later group. If it appears there are no survivors entitled to the benefit, the person responsible for the funeral expenses or a family friend should complete the form.

If the estate will require probate, the executor, administrator or court-appointed personal representative of the estate should complete the form and attach a copy of the court order. Or if there is a trust, the successor trustee should complete the form and attach a copy of the trust agreement with a statement that the trust is still valid.

If there are multiple persons in the group entitled (such as with the groups of children, brothers and sisters, etc.), the form should be completed by one of the group members. The names and current address(es) of any other individuals in a group should be listed on the back of Section II and sent to CalPERS. If the amount of the prorated allowance will be greater than \$50, CalPERS will send claim forms to the other group members.

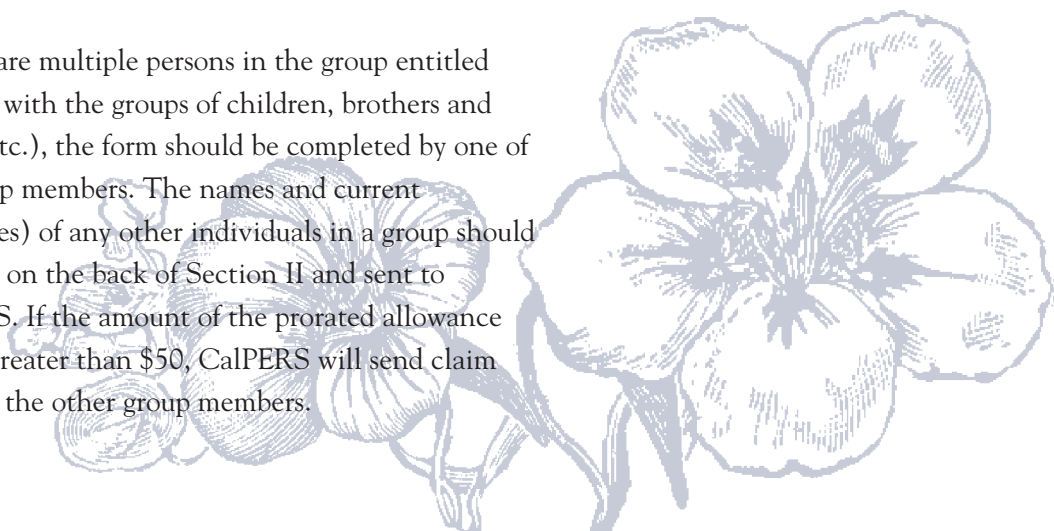
### Additional Required Documents

**The return of (or reimbursement for) any warrants issued after the date of death is required.** If any of the warrants have been cashed, a personal check or money order made payable to Public Employees' Retirement System and noted as "Death - Overpayment" with the name and Social Security number of the deceased should be submitted. A copy of the death certificate is also needed. These items should be submitted with the completed Claimant Statement/Survivor Questionnaire and tax election documents.

If anything else should be needed, it will be requested after the submitted information has been reviewed.

#### Note:

Please use the labels provided to identify documents or correspondence sent to CalPERS. If you do not use a label, the Social Security Number of the deceased should be clearly written on the top right hand corner of the document.



California Public Employees' Retirement System  
Benefit Services Division  
P.O. Box 1652 (400 P Street)  
Sacramento, California 95812-1652  
(916) 326-3848 or (800) 352-2238  
TDD (916) 326-3240; FAX (916) 326-3933

Name of Deceased \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Death \_\_\_\_\_

### Claimant Statement/Survivor Questionnaire – Death of CalPERS Payee

I hereby certify under penalty of perjury under the laws of the State of California that the information provided by me is correct to the best of my knowledge. I also hereby claim any benefits to which I may be entitled. I understand that completing this document does not necessarily entitle me to benefits.

Name (Please print) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ Relationship to deceased \_\_\_\_\_

**Address for payment:**

**Address for other correspondence:**

Street \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

If there is a surviving spouse or children, complete only Section I of this document. If there is no spouse or children, please complete Sections I and II.

### SECTION I

**1. Will the estate of the deceased require probate?** ☐ Yes ☐ No ☐ Don't Know

Did the deceased leave a will? ☐ Yes ☐ No ☐ Don't Know

Executor/Administrator \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Attorney Handling Probate \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**2. Did the deceased leave a trust?** ☐ Yes ☐ No ☐ Don't Know

Trustee \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Section I - continued on back

**3. Was the deceased married on the date of death?**

☐ Yes ☐ No ☐ Don't Know

★ If **Yes**, give spouse's name, telephone number, address, date of birth and date of marriage.

Spouse's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Spouse's Address \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

★ If **No**, Reason: ☐ Never Married ☐ Spouse Deceased \_\_\_\_\_ ☐ Divorced/Other \_\_\_\_\_  
Date Date

**4. Was the deceased survived by natural or adopted children?**

☐ Yes ☐ No ☐ Don't Know

★ If **Yes**, How Many? \_\_\_\_\_

Give name, birthdate, address, telephone number below and indicate if child was disabled prior to attaining age 18. (**Note:** A child of the deceased, adopted by another, MAY be eligible for payment. Please include any such child in the list of children.)

★ If **No**, Reason: ☐ Never Had Children ☐ All Children Predeceased

**Natural or Legally Adopted Children**

**Provide as much information as you know. If there are more than three children, please attach a sheet of paper and list the remaining children. The same information as is requested on this sheet should be provided. Information about other next of kin should be entered in Section II / Next of Kin.**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Disabled Prior to 18? ☐ Yes ☐ No Birthdate \_\_\_\_\_

**If under age 18 or disabled, who has care or custody of this child?**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Disabled Prior to 18? ☐ Yes ☐ No Birthdate \_\_\_\_\_

**If under age 18 or disabled, who has care or custody of this child?**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Disabled Prior to 18? ☐ Yes ☐ No Birthdate \_\_\_\_\_

**If under age 18 or disabled, who has care or custody of this child?**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Claimant Statement/Survivor Questionnaire

Name of Deceased \_\_\_\_\_

Social Security Number \_\_\_\_\_

### SECTION II / Next of Kin

**5. Was the deceased survived by a parent or parents?**

☐ Yes ☐ No ☐ Don't Know

★ If **Yes**, how many? Give name, address and telephone number.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**6. Was the deceased survived by any brothers and/or sisters?**

☐ Yes ☐ No ☐ Don't Know

★ If **Yes**, how many? Give name, address, telephone number and birthdate on the back of this form.

**7. Was the deceased survived by any stepchildren having a parent/child relationship with the deceased?**

☐ Yes ☐ No ☐ Don't Know

★ If **Yes**, how many? Give name, address, telephone number and birthdate on the back of this form.

**8. Was the deceased survived by any grandchildren (including step-grandchildren)?**

☐ Yes ☐ No ☐ Don't Know

★ If **Yes**, how many? Give name, address, telephone number and birthdate on the back of this form.

**9. Was the deceased survived by nieces and/or nephews?**

☐ Yes ☐ No ☐ Don't Know

★ If **Yes**, how many? Give name, address, telephone number and birthdate on the back of this form.

**10. Was the deceased survived by great-grandchildren?**

☐ Yes ☐ No ☐ Don't Know

★ If **Yes**, how many? Give name, address, telephone number and birthdate on the back of this form.

**11. Was the deceased survived by cousins?**

☐ Yes ☐ No ☐ Don't Know

★ If **Yes**, how many? Give name, address, telephone number and birthdate on the back of this form.

**12. Did the deceased prepay his/her own funeral expenses?**

☐ Yes ☐ No ☐ Don't Know

★ If **No**, give name, address and phone number of person who paid funeral expenses.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### Other Next of Kin

It is only necessary to enter information for the first category of next of kin in which there are persons who were living at the time of the death of the CALPERS benefit recipient. Be sure to indicate the relationship of the persons you list below (brothers/sisters, stepchildren, grandchildren, nieces/nephews, great-grandchildren, cousins).

Relationship To Deceased \_\_\_\_\_

Name_____	Phone (____)_____
Street_____	City_____ State_____ ZIP_____
<b>If under age 18, enter birthdate_____</b>	<b>Who has custody of this child?_____</b>
Name_____	Phone (____)_____
Street_____	City_____ State_____ ZIP_____

Name_____	Phone (____)_____
Street_____	City_____ State_____ ZIP_____
<b>If under age 18, enter birthdate_____</b>	<b>Who has custody of this child?_____</b>
Name_____	Phone (____)_____
Street_____	City_____ State_____ ZIP_____

Name_____	Phone (____)_____
Street_____	City_____ State_____ ZIP_____
<b>If under age 18, enter birthdate_____</b>	<b>Who has custody of this child?_____</b>
Name_____	Phone (____)_____
Street_____	City_____ State_____ ZIP_____

Name_____	Phone (____)_____
Street_____	City_____ State_____ ZIP_____
<b>If under age 18, enter birthdate_____</b>	<b>Who has custody of this child?_____</b>
Name_____	Phone (____)_____
Street_____	City_____ State_____ ZIP_____

If there are additional next of kin with this same relationship, please attach a sheet of paper and list the remaining persons, providing this same information.

If you were required to complete Section II because there was no spouse or children, it must be returned with Section I.





## Tax and Income Reporting Information

### Completing the Withholding Tax Election

Federal and State income tax will be withheld at the rate for a married person claiming three exemptions unless you elect no withholding, elect a flat amount withheld, or elect a different marital status or number of exemptions. The benefit is treated as payroll wages. If no election is submitted and the rate of married with three exemptions is used, no Federal Tax will be withheld if the benefit is less than \$1,200.01. For State withholding no taxes will be withheld if the benefit is less than \$1,698.98. (\*Amounts are based on 1998 tax tables.)

### Statement of Benefits Paid and Withholding:

In January of the year following payment, CalPERS provides each beneficiary with a statement showing the gross amount paid for benefits received and the amount of income tax withheld, if any. Most payments made by CalPERS are reported to the IRS and Franchise Tax Board. Questions about the taxability of CalPERS benefits should be directed to the IRS, the California Franchise Tax Board or your tax advisor.

**Taxpayer Identification Number:** Section 6109 of the IRS Code, requires recipients of reportable payments to furnish Taxpayer Identification Numbers (TINS). Your Social Security number (or Employer ID number, if a trust or organization) *must* be furnished to CalPERS even if you are not required to file a tax return.



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TDD (916) 326-3240; FAX (916) 326-3933

Name of Deceased \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Tax Withholding Election of Death Benefits

**Please read the enclosed tax information and complete this form. Failure to return this form will result in taxes being withheld at the rate prescribed by law.**

**CAUTION:** There are penalties for not paying enough taxes during the tax year. Estimated tax requirements and penalties are explained in Publication 505. **Send your request for this publication to: Internal Revenue Service, P.O. Box 12626, Fresno, CA 93778.**

#### Prorated Payment Including Any Allowance Adjustments

##### Federal Tax Election

- ☐ **I Do Not** elect to have federal tax withheld from my benefit payment(s).
- ☐ I elect to have federal tax withholdings of...  
Marital Status:  
☐ Single \_\_\_\_\_ Exemptions  
☐ Married \_\_\_\_\_ Exemptions
- In addition, I elect to have the following federal tax withheld\_\_\_\_\_.00.
- ☐ I elect to have the following flat amount of federal tax withheld\_\_\_\_\_.00.

##### California State Tax Election

- ☐ **I Do Not** elect to have state tax withheld from my benefit payment(s).
- ☐ I elect to have state tax withholdings of...  
Marital Status:  
☐ Single \_\_\_\_\_ Exemptions  
☐ Married \_\_\_\_\_ Exemptions
- In addition, I elect to have the following state tax withheld\_\_\_\_\_.00.
- ☐ I elect to have the following flat amount of state tax withheld\_\_\_\_\_.00.
- ☐ Withhold State of California income tax in the amount of 10% of the amount withheld for federal income tax withholding.

Signature\_\_\_\_\_ Date\_\_\_\_\_ SSN\_\_\_\_\_

## Information Practices Statement

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Failure to supply the information may result in the System being unable to perform its functions regarding the death benefits payable. Portions of this information may be transferred to: State and public agency employers, California State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Worker's Compensation Appeals Board, State

Compensation Insurance Fund, County District Attorney, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche/microfilm for CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

The beneficiary has the right to review the membership file of the deceased maintained by the System. Any person determined not to be the beneficiary may review any documents he/she submitted. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, 400 P Street, P.O. Box 942702, Sacramento, California, 94229-2702.



**California Public Employees' Retirement System**  
400 P Street  
Sacramento, California 95814  
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